



***City of Aberdeen & Aberdeen Economic Development
Facade Improvement Application***

Please return your completed application with all supporting documents to:

**Façade Improvement Program
City of Aberdeen
Department of Planning and Community Development
60 North Parke Street
Aberdeen, MD 21001
410-272-1600 ext. 216
Fax: 410-273-7402**

This application is for assistance to:

Name of Business and Address

Business Address Phone Number

SECTION A. BUILDING OWNERSHIP INFORMATION (Only if different from applicant)

1. Property Owner's Name: _____

2. Property Owner's Address: _____

3. Property Owner's Phone Number: _____

PLEASE NOTE

- There can be no liens other than mortgages against the Applicant's property. ALL payments to the City of Aberdeen and other government entities must be current (taxes, water, etc.).
- Projects must conform to applicable building codes, zoning regulations, and/or requirements for public accessibility. Other conditions may apply.
- Applicant is responsible for obtaining appropriate building permits, bids on construction to property, and must submit any state license numbers that apply to the work and agree to an inspection of the work by the City of Aberdeen and it designed.
- Applicant is responsible for submitting design drawing to the Aberdeen Architectural Review Committee.

Please call 410-272-1600, ext. 216, if you have any questions or need assistance in completing the form.

**Funded through the Maryland Department of Housing and Community
Development Community Legacy Program administered by the
Department of Planning and Community Development for the City of Aberdeen.**

APPLICATION CHECKLIST

Please be sure to include the following required items with your application:

- ____ Completed application form
- ____ Photographs (color) of existing conditions
- ____ Conceptual idea of improvements or architectural services rendered
- ____ Copy of current Harford County/City Business License for all businesses occupying the building
- ____ If contractor is used, attach bid(s) to application

Please check one and provide the necessary documents:

- | | |
|--|---|
| <input type="checkbox"/> Building Owner | <input type="checkbox"/> Tenant |
| ____ Property Deed | ____ Business Lease |
| ____ Paid Municipal Tax Bill | ____ Building Owner Permission Form
(With Owner's signature) |
| ____ Insurance Certificate | |

Instructions: Applicants must answer all items; incomplete applications will be returned. Any items which do not apply to your project should be marked “N/A”.

SECTION B. PROPERTY INFORMATION

1. Number of businesses occupying the building: _____
2. Number of vacant commercial units in the building: _____
3. How long have these units been vacant:

4. Assessed value of the property per Maryland Dept. of Assessment & Taxation

5. Age of Building _____
6. Gross area of building _____
7. Tax ID # _____
8. Current Annual Property Taxes _____
9. Are there any outstanding debts (mortgages, encumbrances, liens, attachments) on the property?
Yes _____ No _____

If “Yes”, please indicate all secured interests in this property.
If necessary, attach a separate page to document additional items.

First Mortgage Holder name: _____

Address: _____

Amount of Mortgage: _____

Date of Mortgage: _____

Second Mortgage Holder name:

Address: _____

Amount of Mortgage:

Date of Mortgage:

SECTION C. PROJECT INFORMATION

Please describe the type of improvements you propose to make to the building facade.
Include a brief description of all other improvements (use additional sheets, if necessary).

TOTAL COST OF
PROJECT _____

Source of Funds:

Grant Request amount of: _____ Matching Fund obtained through: _____

Loan Request if applicable: _____

Institution/Bank Name _____

Address: _____

Telephone #: _____

*Property Owner's Signature: _____ Date: _____

1. Have you sought architectural assistance? Yes ____ No ____

If yes, please attach drawings, renderings and plans.

Firm or individual's Name Telephone #

2. Please list the names of all contractors who provided an estimate and attach copies of all estimates.

Firm or Individual's Name Telephone #

Firm or Individual's Name Telephone #

3. What is the estimated time of project completion? _____

APPLICANT CERTIFICATION

I/we certify that all information provided in the application is accurate and that I/we will complete a facade improvement project in accordance with plans approved by the City of Aberdeen. Upon notification that my/our project is approved for the Community Legacy Grant, I/we will sign a participation agreement authorizing the City of Aberdeen to encumber funds for my/our project, and stipulating that I/we will abide by all program requirements. I further agree that at the conclusion of the façade improvements to maintain the completed project. I/we understand there will be no alterations of the completed work without approval from the City of Aberdeen.

Applicant(s) Signature(s):

_____ Date: _____

_____ Date: _____